



I want to provide hope to my neighbors in need

Donor Name _____

Address: _____

City, State, Zip: _____ Phone: _____

Email: _____

Preferred Communication: E-mail (helps MUST save on printing & postage) Postal mail

Check enclosed Check # _____ Amount \$ _____

Charge my credit card in the amount of \$ _____
 Visa MasterCard Discover American Express
Card # _____ Exp date: _____
Signature: _____

I would like to donate \$ _____ by EFT (Electronic Funds Transfer)
Bank Name _____
Account # _____ Routing # _____
Signature _____

MUST Valuable Partners: Monthly Giving Program

Make the above gift a monthly gift



In **memory** **honor** of: _____
Please notify: Name _____
Address: _____
City, State, Zip: _____

My Company participates in Matching Gift Programs. Please contact:
Name: _____ Company: _____

Mail to:
MUST Ministries
PO Box 1717
Marietta, GA 30061

OR

Fax to: 770-427-4445
(secure line)